

INDIVIDUAL PROGRAM PLAN REVIEW MEETING

CLIENT'S NAME: Valerie Young C#: _____ UNIT: 314

Date of Program Planning: JANUARY 12, 2004

INTERDISCIPLINARY TREATMENT TEAM

<u>[Signature]</u>	Team Leader
<u>[Signature]</u> CC/45-1	Client Coordinator
<u>[Signature]</u>	Physician
<u>[Signature]</u>	Nurse
<u>[Signature]</u>	Pharmacist
<u>[Signature]</u>	Dietician
<u>[Signature]</u>	Day Program
<u>[Signature]</u>	Rehab. Counselor
<u>[Signature]</u>	Psychologist
<u>[Signature]</u>	Social Worker
<u>[Signature]</u>	Direct Care
<u>[Signature]</u>	Recreation
<u>[Signature]</u>	Physical Therapist
<u>[Signature]</u>	Occupational Ther.
<u>[Signature]</u>	Speech Pathologist
<u>[Signature]</u>	Other/Sign Title
<u>[Signature]</u>	Client
<u>[Signature]</u>	Correspondent

Parent/Correspondent was () was not () invited to attend the meeting.
 Parent/Correspondent did () did not () attend the meeting.

The Client was () was not () at the meeting and is considered by the ITT able () not able () to meaningfully participate in development of the plan.

PARENT/CORRESPONDENT

NAME: Viola Young (MOTHER)
 ADDRESS: 259 E 49 ST. Bklyn NY 11203
 PHONE: 718-756-0712
 LEVEL OF CONTACT: very involved, ATTENDS ALL SVC PLAN MTG'S

COMPREHENSIVE FUNCTIONAL ASSESSMENT REVIEW [3rd Review 1-12-05]

The interdisciplinary Treatment Team (ITT) identified new capabilities, new needs, significant events, and/or changes in Valerie Young's status, since the last IPP meeting.

Domain	Yes	No
PHYSICAL DEVELOPMENTAL AND HEALTH	<u>X</u>	—
NUTRITIONAL STATUS	<u>X</u>	—
SENSORY MOTOR DEVELOPMENTAL	—	<u>X</u>
COGNITIVE DEVELOPMENT	—	<u>X</u>
AFFECTIVE/EMOTIONAL DEVELOPMENTAL	<u>X</u>	—
COMMUNICATION/AUDITORY	—	<u>X</u>
ADAPTIVE BEHAVIOR/	—	<u>X</u>
INDEPENDENT LIVING SKILLS	—	<u>X</u>
VOCATIONAL DEVELOPMENTAL	—	<u>X</u>

Changes identified by domain:

Physical Development and Health

Valerie's general health has remained stable throughout the quarter. Valerie sustained several minor abrasions during this time (10-20-04, 10-29-04, 12-24-04) as a result of a very agitated, aggressive, hyperactive state. The injuries were treated effectively with topical treatments. She was followed up very closely by her primary physician and psychiatrist and medication changes were made as appropriate and she was admitted to the psychiatric in-patient unit at CIH from 12-1-04 to 12-13-04 (see also behavior mgmt section). She was observed to be calm and afibrile upon her return.

On 11-3-04, upon return from program, Valerie was observed with her 2nd and 3rd digits of her left hand swollen and discolored. She was sent out for evaluation to rule out fracture, which was negative. Valerie was diagnosed with a soft tissue contusion and the fingers were wrapped up. The physician stated that she will be re-evaluated as needed. Staff reported that Valerie swings her hands (possibly that's how she sustained the injury?) and the psychologist placed a baseline in for that behavior. That behavior is now being tracked in her plan for disruption. Valerie was also placed on 15 minute checks.

As a result of the investigation of the 11/3 incident (Valerie was sent out for evaluation of swollen fingers), the following recommendations were made and discussed by the team. Valerie has a contact book which should continue, with paying close attention to the fingers, especially after she has been agitated (engages in hand banging/swinging). A baseline for hand swinging is currently in progress. When the routine body checks are done, staff should also pay attention to the integrity of her hands. Another recommendation has been made for Valerie to continue working on her program objectives which provide alternative activities involving functional and appropriate use of her hands, i.e. attending to sensory stimulation activities for 5 minutes, developing oral hygiene and hand washing skills. The program head up will provide information as to what